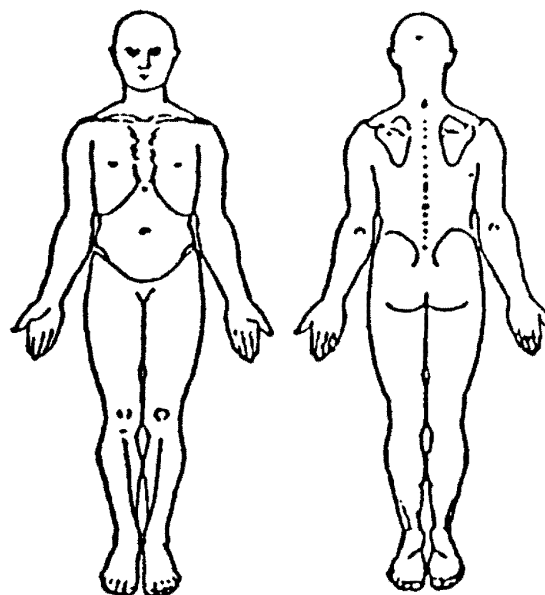




# THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Referral: GP / Orth / Self / Other \_\_\_\_\_  
Work demands \_\_\_\_\_  
Leisure activities \_\_\_\_\_  
Functional limitation for present episode \_\_\_\_\_  
Outcome / Screening score \_\_\_\_\_  
NPRS (0-10) \_\_\_\_\_



Present symptoms \_\_\_\_\_  
Present since \_\_\_\_\_ improving / unchanging / worsening  
Commenced as a result of \_\_\_\_\_ no apparent reason  
Symptoms at onset \_\_\_\_\_ Paraesthesia: yes / no  
Spinal history \_\_\_\_\_ Cough / Sneeze +ve / -ve  
Constant symptoms: \_\_\_\_\_ Intermittent symptoms: \_\_\_\_\_

**Worse**      bending    sitting / rising / first few steps    standing    walking    stairs    squatting / kneeling  
am / as the day progresses / pm    when still / on the move    Sleeping: prone / sup / side R / L  
Other \_\_\_\_\_

**Better**      bending      sitting      standing    walking    stairs    squatting / kneeling  
am / as the day progresses / pm    when still / on the move    Sleeping: prone / sup / side R / L  
other \_\_\_\_\_

Continued use makes the pain:    better      worse      no effect      Disturbed sleep    yes / no  
Pain at rest    yes / no      Site:      back / hip / knee / ankle / foot  
Other Questions:      swelling      catching / clicking / locking      giving way / falling

Previous history \_\_\_\_\_

Previous treatments \_\_\_\_\_

Medications \_\_\_\_\_

General health / Comorbidities: \_\_\_\_\_

Recent / relevant surgery: yes / no \_\_\_\_\_

History of cancer: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_

History of trauma: yes / no \_\_\_\_\_ Imaging: yes / no \_\_\_\_\_

Patient goals / expectations \_\_\_\_\_

## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic* Change of posture: *better / worse / no effect* Standing: *lordotic / neutral / kyphotic*

Other observations: \_\_\_\_\_

**NEUROLOGICAL:** NA / motor / sensory / reflexes / neurodynamic \_\_\_\_\_

**BASELINES:** Pain and functional activity \_\_\_\_\_

**EXTREMITIES** *hip / knee / ankle / foot* \_\_\_\_\_

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms		Maj	Mod	Min	Nil	Symptoms
Flexion						Adduction / Inversion					
Extension						Abduction / Eversion					
Dorsi Flexion						Internal Rotation					
Plantar Flexion						External Rotation					
Other:						Other:					

**Passive Movement:** note symptoms, range and +/- over pressure: \_\_\_\_\_

PDM	ERP

**Resisted test pain response** \_\_\_\_\_

**Other tests / static positioning** \_\_\_\_\_

### SPINE

Movement Loss \_\_\_\_\_

Effect of repeated movements \_\_\_\_\_

Effect of static positioning \_\_\_\_\_

Spine testing *not relevant / relevant / secondary problem* \_\_\_\_\_

**Baseline Symptoms** \_\_\_\_\_

Repeated Tests	Symptomatic Response		Mechanical Response	
Active / Passive movement, resisted test, functional test	During Produce, Abolish, Increase, Decrease, NE	After Better, Worse, NB, NW, NE	Effect ↑ or ↓ ROM, strength or key functional test	No Effect

### PROVISIONAL CLASSIFICATION

#### Extremities

#### Spine

**Derangement** \_\_\_\_\_ Directional Preference \_\_\_\_\_

**Dysfunction:** Articular / Contractile \_\_\_\_\_ **Postural** **OTHER** subgroup: \_\_\_\_\_

**POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY** Comorbidities Cognitive - Emotional Contextual

Descriptions: \_\_\_\_\_

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_ Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

Signature \_\_\_\_\_